**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

At InTouch Mind Health, PLLC, we are committed to protecting the privacy of your health information. We are required by law to maintain the confidentiality of your Protected Health Information (PHI) and provide you with this Notice explaining our legal duties and privacy practices.

We may use or disclose your health information for purposes such as treatment, payment, and healthcare operations. For treatment, we may share your information with other healthcare providers to coordinate your care. For payment, we may use your information to bill and collect payment from you, your insurance company, or a third party. For healthcare operations, we may use your information to evaluate and improve the quality of our services or to comply with regulatory requirements.

In certain situations, we may disclose your information as required by law, such as for public health purposes, legal proceedings, or to prevent a serious threat to health or safety. These disclosures will comply with applicable laws and regulations. Any use or disclosure not described in this Notice will require your written authorization, which you may revoke at any time.

You have specific rights regarding your health information. You have the right to access and obtain a copy of your health records, request corrections to your records if they are incomplete or inaccurate and request a list of certain disclosures made about your information. You may also request restrictions on how your information is used or disclosed, though we are not obligated to agree to all restrictions. Additionally, you have the right to request that we communicate with you in a specific way or at a specific location and to receive a paper copy of this Notice upon request.

We reserve the right to change this Notice at any time, and any changes will apply to all health information we maintain. A current version of the Notice will be available in our office and on our website.

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. Filing a complaint will not result in any retaliation. To file a complaint with our office, contact us at the address or phone number provided above. To file a complaint with the U.S. Department of Health and Human Services, visit [www.hhs.gov](http://www.hhs.gov).

For questions or more information about this Notice, please contact our Privacy Officer at (312) 473-6463.

**ADKNOWLEDGMENT OF RECEIPT OF THIS NOTICE**

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(12 years old or older)

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Treatment of minors with divorced parents requires signed consent from both parents if they share joint custody. If one parent has sole custody, only their signature is required. A copy of the divorce decree must be filed in the patient’s chart. For patients with a Healthcare Power of Attorney (POA), the POA must sign, and a copy of the POA must also be filed in the patient’s chart.**